PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/540525

1									1 1			
	CLAIMS AS FILED - PART I							SMALL EN	ITITY	OR		R THAN
L	 	<u> </u>	(Colur	mn_1)		(Column 2)	7			¬	SWALL	ENTITY
U.	S. NATIONA	L STAGE FEES						RATE	FEE		RATE	FEE
BASIC FEE			SMALL EN	SMALL ENT. = \$ 150		RGE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			1	Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200		EXAM. FEE			EXAM. FEE	2000
SEARCH FEE			ALL other or	U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400		other situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	4600
FEE FOR EXTRA SPEC. PGS.			mir	minus 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOTAL CHARGEABLE CLAIMS			13 m	13 minus 20 =		-		X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			7	7 minus 3 = ,		4		X \$ 100 =		OR	X \$ 200 =	860°
MU	LTIPLE DEPE	NDENT CLAIM PF	RESENT	SENT				+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							٠	TOTAL		OR	TOTAL	1760
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL E	ENTITY ADDI-	OR 1	OTHER SMALL E	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	•	Minus	***		=		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					_						
		SCHIAHOR OF K	AULTIPLE DEPI	ENDENT C	LAIM		1	+ \$ 180 =		OR	+ \$ 360 =	İ
	_			ENDENT C	LAIM		L	+ \$ 180 = OTAL ADDIT. FEE		OR OR	+ \$ 360 = TOTAL ADDIT. FEE	
		(Column 1)		(Column		(Column 3)	L	OTAL ADDIT.	-	L	TOTAL ADDIT.	
8 7			OUT TIPLE DEPI		n 2) ST ER JSLY	(Column 3) PRESENT EXTRA	L	OTAL ADDIT.	ADDI- TIONAL FEE	L	TOTAL ADDIT.	ADDI- TIONAL FEE
OMEN I B	Total	(Column 1) CLAIMS REMAINING AFTER	Minus	(Column HiGHE: NUMBE PREVIOU	n 2) ST ER ISLY DR	PRESENT		OTAL ADDIT. FEE	TIONAL	L	TOTAL ADDIT. FEE	TIONAL
MICHOMEN B	Total	(Column 1) CLAIMS REMAINING AFTER		(Column HIGHE: NUMBE PREVIOU PAID FO	n 2) ST ER ISLY DR	PRESENT EXTRA		OTAL ADDIT. FEE RATE	TIONAL	ÖR	TOTAL ADDIT. FEE RATE	TIONAL
ž I	Independent	(Column 1) CLAIMS REMAINING AFTER AMENOMENT	Minus Minus	(Column HIGHE: NUMBE PREVIOU PAID FC	n 2) ST ER ISLY DR	PRESENT EXTRA		OTAL ADDIT. FEE RATE X \$ 25 =	TIONAL	OR OR	TOTAL ADDIT. FEE RATE X \$ 50 =	TIONAL

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.